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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/730,247	12/08/2003	Vaughn T. Rokosz	LOT920030053US1	2509
23550 HOFFMAN WA	7590 06/24/200 ARNICK LLC	8	EXAM	IINER
75 STATE STR		WONG, LUT		
14TH FLOOR ALBANY, NY 12207			ART UNIT	PAPER NUMBER
			2129	
			NOTIFICATION DATE	DELIVERY MODE
			06/24/2008	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

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Interview Summary	10/730,247	ROKOSZ ET AL	
mierview Summary	Examiner	Art Unit	
	LUT WONG	2129	
All participants (applicant, applicant's representative, PTC	personnel):		
(1) <u>LUT WONG</u> .	(3) <u>David Vincent</u> .		
(2) <u>Meghan Toner</u> .	(4)		
Date of Interview: <u>11 June 2008</u> .			
Type: a)☐ Telephonic b)☒ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>n/a</u> .			
Identification of prior art discussed: <u>n/a</u> .			
Agreement with respect to the claims f)☐ was reached.	g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Discussed proposed and an interview including description of the general reached.</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amen allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ANTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTERPOLY.	e last Office action has already R OF ONE MONTH OR THIRT\ TERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	IDential Vincental ODE 0400		
Examiner Note: You must sign this form unless it is an	/David Vincent/ SPE 2129 Examiner's signature, if requi	red	

Application No.

Applicant(s)